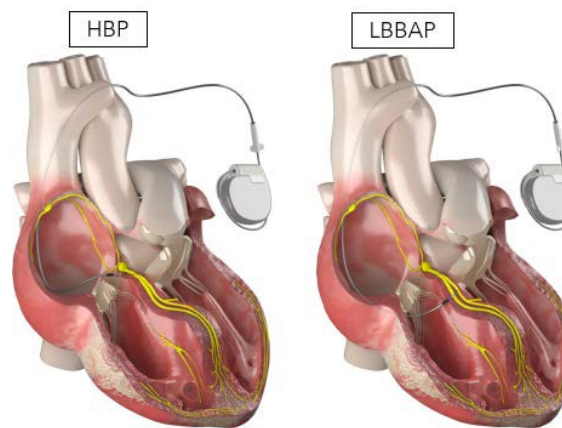


Conduction system pacing (CSP) US reimbursement overview

The SelectSecure™ MRI SureScan™ Model 3830 lumenless lead is intended for pacing and sensing in the atrium or right ventricle. It is also intended for pacing and sensing at the bundle of His (HBP) or in the left bundle branch area (LBBAP) as an alternative to right ventricular pacing in a single or dual chamber pacing system.

Conduction system pacing overview

Traditionally, a lead intended for right ventricular pacing is placed at the right ventricular (RV) apex. With conduction system pacing (CSP), a lead intended for RV pacing is placed at the His-bundle or in the left bundle branch area to replicate the patient's intrinsic rhythm.



This guide has been developed to help you understand relevant coding and Medicare payment. For additional information, contact the Medtronic Reimbursement Customer Support team by phone at 866-877-4102 or by email at: rs.healthcareeconomics@medtronic.com

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Coding

There are no procedure codes specific to CSP. Transvenous pacemaker insertion codes are applicable to CSP procedures and coding is dependent on anatomical placement, not function. The table below shows possible coding scenarios for CSP procedures.

Pacemaker scenario	Physicians and outpatient setting CPT® codes ¹	Inpatient setting ICD-10-PCS codes ²
<u>single chamber</u> pacemaker implant, <u>LBBAP</u> or <u>HBP</u> . Lead in RA	33206 (Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial)	Appropriate generator insertion code* + 02H63JZ (Insertion of pacemaker lead into right atrium, percutaneous approach)
<u>single chamber</u> pacemaker implant, <u>LBBAP</u> or <u>HBP</u> . Lead in RV	33207 (Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular)	Appropriate generator insertion code* + 02HK3JZ (Insertion of pacemaker lead into right ventricle, percutaneous approach)
<u>dual chamber</u> pacemaker implant, <u>LBBAP</u> or <u>HBP</u> . Lead in RA and RV	33208 (Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular)	Appropriate generator insertion code* + 02H63JZ (Insertion of pacemaker lead into right ventricle, percutaneous approach) + 02HK3JZ (Insertion of pacemaker lead into right ventricle, percutaneous approach)

*See [Coding and payment overview: Pacemaker therapy](#) for detailed generator implant coding information

Payment

Medicare national reimbursement rates for transvenous pacemaker procedures, which are the same for CSP procedures, can be found in [Coding and payment overview: Pacemaker therapy](#).

Frequently asked questions

1. What is the HCPCS/C-code code for the SelectSecure Model 3830 lead?

C1898 - Lead, Pacemaker, Other than Transvenous VDD Single Pass³

2. CSP often involves additional work mapping the intracardiac tissue to identify the precise location of the conduction mechanism for lead placement. How might this be reflected in coding?

NCCI edits prevent billing of pacemaker insertion CPT codes (33206, 33207, 33208) in combination with EP study components such as His-bundle recording (93600), intra-atrial & RV recording (93602-93603), & intra-atrial and intraventricular pacing (93610-93612). This indicates the work is considered integral to the primary procedure and not separately billable.

3. What is a possible coding option for CSP lead placement with cardiac resynchronization therapy (CRT)?

The SelectSecure MRI SureScan Model 3830 lumenless lead is not indicated for CRT. Medtronic cannot provide reimbursement guidance on off-label use of our products.

References

1. CPT codes and descriptions only are copyright ©2024 American Medical Association. All rights reserved. No fee schedules are included in CPT. The American Medical Association assumes no liability for data contained or not contained herein.
2. 2025 ICD-10-PCS. cms.gov. <https://www.cms.gov/files/zip/2025-icd-10-pcs-code-tables-and-index-updated-07/09/2024.zip> Updated July 2024. Accessed October 30, 2024.
3. HCPCS 2025 Level II Professional Edition. American Medical Association; 2024.

Select Secure and SelectSecure MRI SureScan Pacing and Sensing Lead Indications

Medtronic SelectSecure family of leads has application where implantable atrial or ventricular, single-chamber or dual-chamber pacing systems are indicated. The Model 3830 lead is intended for pacing and sensing in the atrium or ventricle.

Medtronic SelectSecure MRI family of leads is intended for pacing and sensing in the atrium or right ventricle. It is also intended for pacing and sensing at the bundle of His or in the left bundle branch area as an alternative to right ventricular pacing in a single or dual chamber pacing system.

SelectSecure MRI SureScan™ leads (specified lengths of Model 3830 including 59, 69 and 74 cm) are MR conditional and indicated for pacing and sensing at the bundle of His or in the left bundle branch area as an alternative to right ventricular pacing in a single or dual chamber pacing system. The Model 3830 lead is part of the Medtronic SureScan system. The SureScan system includes a Medtronic SureScan device connected to Medtronic SureScan leads.

Contraindications

SelectSecure lead family is contraindicated for the following:

- ventricular use in patients with tricuspid valvular disease or a tricuspid mechanical heart valve.
- patients for whom a single dose of beclomethasone dipropionate may be contraindicated; see manual for specific dosage.

The SelectSecure™ Model 3830 Lead is also contraindicated for the following: Patients with obstructed or inadequate vasculature for intravenous catheterization.

Warnings and Precautions

People with metal implants such as pacemakers, implantable cardioverter defibrillators (ICDs) and accompanying leads should not receive certain forms of diathermy treatment. Diathermy treatments may result in serious injury or damage to an implanted device and lead system. Some lead models allow the use of therapeutic ultrasound; consult individual lead model technical manuals for more detail.

For Model 3830, total patient exposure to beclomethasone 17,21-dipropionate should be considered when implanting multiple leads. No drug interactions with inhaled beclomethasone 17,21-dipropionate have been described. Drug interactions of beclomethasone 17,21-dipropionate with the Model 3830 lead have not been studied.

Do not use magnetic resonance imaging (MRI) on patients who have non-MR conditional versions/lengths of these leads implanted as part of a complete SureScan System. MRI can induce currents on implanted leads, potentially causing tissue damage and the induction of tachyarrhythmias.

MRI SureScan Leads only: A complete SureScan pacing or defibrillation system is required for use in the MR environment. Before performing an MRI scan, refer to the MRI Technical Manual for MRI-specific warnings and precautions. Patients and their implanted systems must be screened to meet the following requirements for MRI: no implanted lead extenders, lead adaptors, or abandoned leads; no broken leads or leads with intermittent electrical contact as confirmed by lead impedance history; a SureScan defibrillation system implanted in the left or right pectoral region; pacing capture thresholds of ≤ 2.0 V at a pulse width of 0.4 ms; no diaphragmatic stimulation at a pacing output of 5.0 V and at a pulse width of 1.0 ms in patients whose device will be programmed to an asynchronous pacing mode when MRI SureScan is programmed to On. Patients may be scanned using a horizontal field, cylindrical bore, clinical 1.5T or 3T MRI system for hydrogen proton imaging.

Potential Complications

Potential patient-related complications related to the use of transvenous leads include, but are not limited to, valve damage, fibrillation and other arrhythmias, thrombotic and air embolism, cardiac perforation, heart wall rupture, cardiac tamponade, muscle or nerve stimulation, pericarditis, pericardial rub, infection, myocardial irritability, thrombosis and pneumothorax. Other potential lead-related complications may include exit block, lead dislodgement, lead fracture, insulation failure, and threshold elevation.

Potential MRI complications include, but are not limited to, lead electrode heating and tissue damage resulting in loss of sensing or capture or both, or induced currents on leads resulting in continuous capture, VT/VF, and/or hemodynamic collapse.

See the appropriate Device MRI SureScan Technical Manual before performing an MRI Scan and Lead Technical Manual for detailed information regarding the implant procedure, indications, contraindications, warnings, precautions, and potential complications/adverse events. For further information, please call Medtronic at 1-800-328-2518 and/or consult Medtronic's website at www.medtronic.com or www.mrisurescan.com.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

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